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THE FLORIDA OPTOMETRIST

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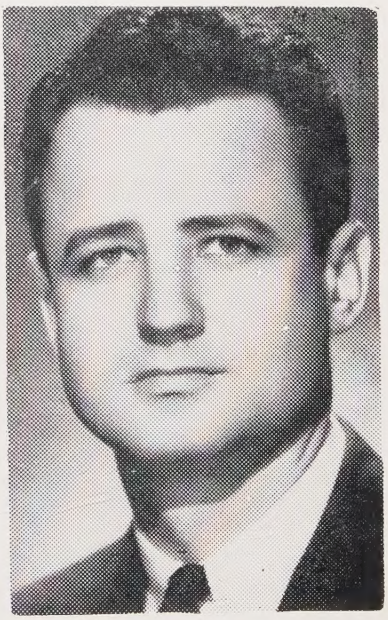


HON. GEORGE SMATHERS

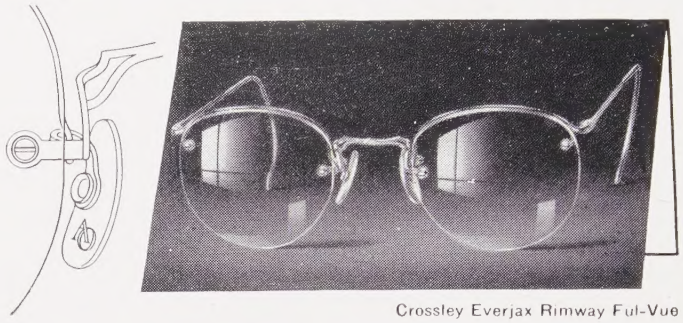
EDUCATIONAL FORUM — TAMPA, NOVEMBER 13th

OFFICIAL JOURNAL OF

THE FLORIDA OPTOMETRIC ASSOCIATION

NEW Everjax Rimway FUL-VUE

features single ear straps



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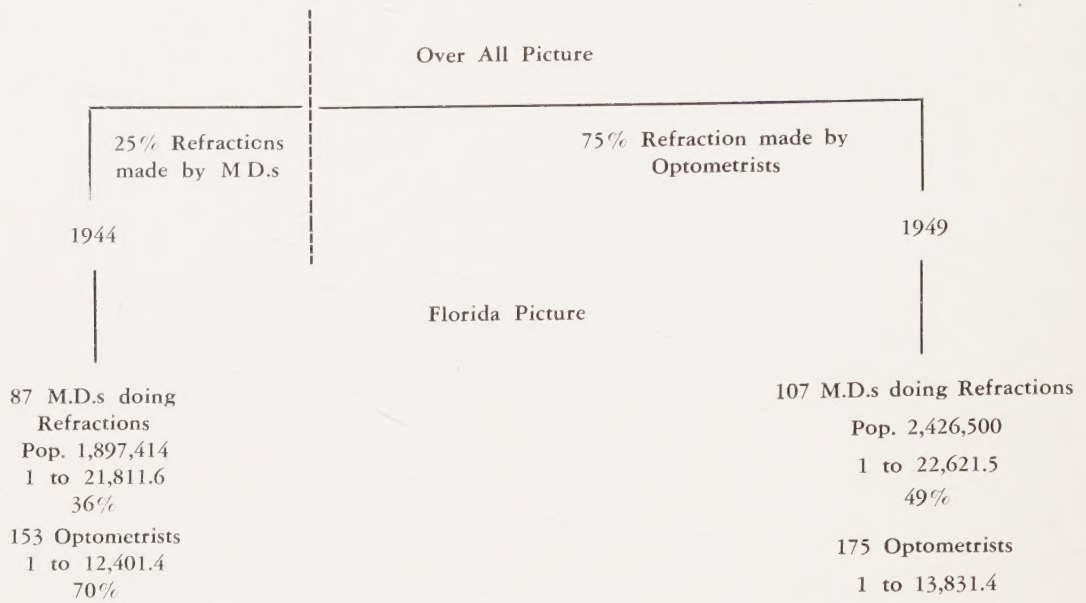

Difference M.D.s doing Refraction 1944-49 ..... 809.1 49%

Difference Optometrists doing Regraction 1944-49 ..... 1,430 61%

Board Elects Dr. Morqus; Dr. Schumacher Appointed by Gov.

Dr. J. M. Morqus, of Arcadia, was elected President of the Florida State Board of Optometry at the board's first meeting on September 17th in Tampa.

Re-elected to the position of Vice-President was Dr. R. R. Bradford, of Miami Beach, and to the position of Secretary, Dr. W. F. Davey, Daytona Beach.

Dr. Morqus, who succeeds Dr. H. C. Bompous, St. Petersburg, announced the appointment by Governor Fuller Warren of Dr. S. B. Schumacher, Jacksonville, to the Board.

While in session the Board rescinded its ruling requiring the six-month intership following failure of the State Board examination and will permit all candidates having made proper application to take the Board in November.

Twenty-two new applicants and several re-applicants were approved for the Board examination to be given at the Roosevelt Hotel, Jacksonville, on November 13, 14, 15.

The Board tentatively decided only one examination during 1950.

Where Do We Go From Here?

I want you to study the above span carefully, for in fact, it is your "Life Span," the Life Span of Optometry, as far as you are concerned.

Let us analyze certain aspects of this span, in 1944 . . .We could truthfully state that 75 per cent of all eye examinations were being made by Optometrists and 25 per cent by Eye, Ear, Nose, and Throat men (M.D.'s). A very pleasing picture indeed. But, even though this were true, is our standing in our community comparable with the 25 per cent, or, are we looked upon as having superior ability than this 25 per cent? The answer is No.

Sure, we are fine fellows, who know how to fit a pair of glasses (speaking in the language of the public) that give good and in most cases better results than our M.D. friends. But (there is that old "but" again) if our eyes become sore, red, inflamed, or develop a hundred and one of the minor outward appearances that spell pathology, they come to us to find out where they can go from there.

There was a day when they came right back after this condition was cleared up, but now a

(Continued on Page 11)

Rep. George Smathers to Address SFOA

One of the leaders of the 81st Congress will be featured at the November meeting of the Southeast Florida Optometric association when the Hon. George Smathers will be chief speaker.

Rep. Smathers, who recently was named as one of the 10 outstanding young men of the United States by the U. S. Junior Chamber of Commerce, will give his views on the public health bill now facing congress when he addresses the SFOA and its guests on Nov. 14 at Seven Seas restaurant in Miami.

At the same meeting, the annual SFOA award for an outstanding contribution to community visual welfare will be made, revealed Dr. J. M. Widdersheim, president.

Optometrists and their guests throughout Florida have been invited to the Nov. 14 meeting to hear Rep. Smathers talk.

The 36-year-old Congressman is a former special assistant to the U. S .attorney general and was a Marine corp captain in the last war. He was president of the University of Florida student body at the state university where he received his law degree in 1938.

Rep. Smathers was a practicing attorney in Miami before his election to Congress in 1946. He currently is being mentioned as a senatorial candidate in 1950.

Following the Congressman's adress at the Nov. 14 dinner meeting will be a presentation of a placque in recognition of an outstanding contribution to community vision by a non-professional eye specialist. The award, founded last year, was presented to Dr. Lester R. Wheeler, head of the University of Miami reading clinic, in 1948.

Readers of the FLORIDA OPTOMETRIST who desire to attend the Nov. 14th event are requested to notify the SFOA executive office, Suite 11, 600 Lincoln Road Bldg., Miami Beach 39, Florida.

State Adopts Planned Public Information Program

A state-wide program of Public Information was adopted by the executive committee of the Florida Optometric Association during a meeting held in Tampa on Sunday, September 11. The meeting, presided over by Dr. S. C. Schumacher, President, discussed the report made on behalf of the state committee of Public Information by the chairman, Dr. Karl K. Eychaner, and Dr. S. G. Schneider. In presenting the plan, Dr. Eychaner pointed ou that although directed on a state level it would be carried out by the local groups.

He went on to explain that the plan called for dividing the state into six zones, which in most instances included the established local groups. Each zone would be headed by a local chairman appointed by the local group. It would be the responsibility of the local group to cover every county within its area, even though Optometrists may not be practicing in some of them.

Dr. Schneider explained that many lists were to be prepared in each zone of legislators, school officials, allied health professions, etc., for the purpose of educational mailing. The plan would further include newspaper and radio features on a public service level.

The program will be coordinated by Dr. Karl K. Eychaner, as chairman, and Dr. S. G. Schneider, as director.

The state executive committee voted sufficient funds to set the program in motion.

Floridian Receives D. O. S. At NICO Convocation

Dr. A. S. Kitchen, of Clearwater, Florida, was honored during the 102nd convocation exercises held by Northern Illinois College of Optometry, with the degree of Doctor of Ocular Science. The degree was awarded during the recent commencement held by N.I.C.O. on September 22, 1949

Dr. Kitchen is at the present time President of the Florida Chapter of the American Academy of Optometry. He is also a member of the Florida Optometric Association, American Optometric Association and West Coast Optometric Association.

West Coast Group Sponsors Second Educational Meeting

The second educational forum to be sponsored by the West Coast Optometric Association will be held on Sunday, November 13th, 1949. The one-day session to be held in the Floridian Hotel, Tampa, will begin, promptly, at 9:30 A.M. The morning session will begin with presentation of several case records presented by the attending Optometrists. The afternoon session offers instrumentation and special topics.

The first session held September 11th was attended by over thirty-five Optometrists from all parts of the state. But due to several business meetings the educational sessions did not begin until after lunch.

Central East Coast Holds Three Day Educational Forum

The Central East Coast Optometric Association sponsored a three-day educational forum at Vero Beach, October 6, 7, and 8. The sessions under the direction of Dr. J. C. DuBose presented the topics "Light and Seeing," "Examination" and "Visual Training." The sessions were held Thursday at 4:00 P.M. and carried over to Friday and Saturday at 9:00-2:00 and 7:30 P.M.

On Thursday evening, October 6th, during a regular business session Dr. S. G. Schneider, Director of the state Public-Information program, presented the plan of Public Relations to be undertaken by the State.

NFOA Elects Dr. Loomis At First Anniversary Meet

Dr. James F. Loomis, of Jacksonville, was elected president of the Northeast Florida Optometric Association during the October meeting. The group celebrating their first anniversary chose Dr. Frank A. Broome as Vice-President and Dr. Jacqueline Turner Clark, of Jacksonville Beach, Secretary-Treasurer to assist Dr. Loomis.

The October meeting was held in Jacksonville at the Seminole Hotel with a membership of 26 present. Drs. Henry A. Sawyer, of Jacksonville, and Marshall Wright, of Live Oak, were elected to the board of electors.

Following the first anniversary meeting the membership adjourned to the home of Dr. George A. Copeland to celebrate his birthday.

The next meeting will be held at the home of Dr. E. A. Frazee, in Lake City.

Dr. Austin Attends Forums In Chicago and Richmond

Dr. Agnes S. Austin left Miami during the latter part of October to attend educational sessions in the Mid-west and East.

During the weekend of October 9th, Dr. Austin attended the sessions of the Academy of Ophthalmology in Chicago and then traveled on to Richmond, Va., to attend the Virginia State Convention beginning October 23rd.

Dr. Austin remained in Richmond over the wekend of October 27, 28 and 29, representing the Altrusa International of Miami, of which she is president, at the Second District meeting. The Altrusa International is one of the oldest women's service clubs in the country.

West Coast Adopts State Public Information Program

Dr. Karl K. Eychaner, of Tampa was unanimously re-elected President of the West Coast Optometric Association on Monday evening, October 10. Elected to assist Dr. Eychaner were Dr. R. H. Pemble, St. Petersburg, 1st Vice-President; Dr. Joseph Duket, St. Petersburg, 2nd Vice-President; Dr. C. Glynn Capps, Plant City, secretary-treasurer.

Dr. S. G. Schneider, State Director of Public Information, presented the planned Public Relations program to the twenty-ficve Optometrists present. A discussion of the program and the local responsibilities followed with unanimous adoption by the group.

Dr. A. S. Kitchen read a lenghty letter sent him by Dr. James Grout, President of the N.I.C.O., regarding the present controversy over the school's standing. Dr. Kitchen pointed out that his investigation showed that many of the State Boards were still recognizing graduates from N.I.C.O.

Dr. Rodriquez was appointed chairman of the Child Vision committee with Drs. Joseph Hirsch and C. Glynn Capps assisting in devising a plan for child school surveys. Dr. Rodriquez had pointed out that he had been approached by several principals of local high schools regarding some form of eye-check.

The membership was reminded of the educational forum to be held on Nov. 13.

Orange County Stresses Public Information Plans

The regular meeting of Orange County Optometric Society was held on Friday, October 7. The state Public Information program was adopted. The program which was presented by Dr. S. G. Schneider during the September meeting was completely discussed.

Committees were appointed to secure the several lists called for by the outline and are to be sent to Dr. Edward A. Johnson, local chairman, by the end of October.

An invitation is being extended to all Optometrists in Volusia, Seminole, Orange, Lake, Sumter, Marion, Levy, and Osceola Counties to attend the next regular meeting at the office of Dr. Charles Bayshore, 2100 N. Orange Ave., Orlando. During the forthcoming meeting the state information program will again be explained and plans will be made to extend its coverage over the entire central Florida area.

An invitation is also being extended to all candidates from the central Florida area, taking the next State Board examination, to attend the next regular meeting.

Anomolous Projection Part II

NILES G. MOREN, O.D.
BERNARD A. KIRSCHENBAUM, O.D.
SANFORD ZIFF, O.D.

The general characteristics of the strabismic case that falls into the Anomolous Projection classification was discussed in the first article of the series. At the present writing, there is a general agreement that strabismics may fall into three categories, particularly from the point of diagnosis. Regardless of the habitual postural condition, diagnostic tests may be applied to determine which of the three following conditions obtain:

1. Normal Retinal Correspondence with normal fixation.
2. Normal Retinal Correspondence with Anomolous Fixation.
3. Anomolous Projection.

The First classification can achieve complete singular binocular vision and with it, perfectly normal binocular orientatoin and fixation. The second class indicates the presence and possible achievement ment of normal retinal correspondence, but, even though this is obtained, they cannot achieve normal orientation and fixation. The third class as previously indicated cannot achieve either.

In addition, all of the subdivisions that may be expected in any concomitant strabismic may also enter the picture and confuse the issue further. Such factors as whether the squint is constant; periodic; alternating, must be ascertained in the diagnosis and such subjective and objective symptoms as headache (location and duration) and size of the pupils and head tilt, etc., are important diagnostic factors.

Basically, the tests which have been devised and revived may be broken down into three types:

a. Those tests which are used to determine whether there is any functional ability at any distance to achieve superimposition.

b. Tests to determine the projection factors; the relationship between the postural condition and its application in space.

c. Those tests which permit a prognosis in that they help to establish whether or not the patient will be able to achieve a mental manipulation of their space world.

There are three principal tests to determine the first factor—

1. Binoculus, Cyclopean or Dominant eye.
2. Superimposition with mirrors.
3. Simultaneous Macular perception through mechanical projection.

The second group is represented by such tests as:

1. Diplopia Tests—usually applied through red-green or with other instrumentation.

2. Rivalry tests such as Brock Rings. The third classification is largely based on reaction factors and are intended to reveal the presence of N. R. C. at any distance by having the patient perform functional tasks.

In order to clarify this entire picture, the following table has been prepared. There are many variations and as will be noted, some duplications. The second portion of the table is in the nature of recapitulation and in addition adds a few tests

(Continued on Next Page)

Dinner Honoring Dr. Betts Planned in Southeast Florida

An invitation has been extended by Dr. Lester Wheeler of the University of Miami to all Optometrists to attend a special dinner for Dr. Emmett A. Betts on Saturday evening, Jan. 14th.

Dr. Betts, Director of the Reading Clinic of Temple University, will be one of the key speakers at the annual University of Miami Reading Seminar to be held in Miami on January 13 and 14, 1950.

Further information regarding dinner reservations may be had by writing Stuart Newman, Executive Secretary of the Southeast Florida Optometric Association, 600 Lincoln Road, Miami Beach.

Midwinter Congress Plans Set for January 22, 23 and 24

The Midwinter Congress of Optometry has been scheduled for January 22, 23 and 24, 1950, in Tampa, Florida, by the Florida Optometric Association. Invitations have been extended and accepted by Drs. W. McClaflin, Miami; Frank Root, Cedar Falls, Iowa, and A. M. Skeffington as speakers for the annual educational forum.

Dr. McClafin, who is reading diagnostician of the Dade County Schools, will discuss the schools' approach to the reading problem. Dr. Frank Root, who has done considerable work with schools and school children, will discuss the Optometric procedure of correcting reading problems. Dr. A. M. Skeffington will be the coordinator.

The congress will again be held in the Floridan Hotel in Tampa.

Members of the Congress committee are Dr. John Keene, chairman, Drs. Agnes Austin, Karl Eychaner, and John McClane, Jr.

AONOMOLOU

TA

NUMBER	NAME OF TEST	EQUIPMENT	MOTIVATION
1.	BINOCULUS OR CYCLOPEAN OR DOMINANT EYE	Cardboard 8"x10" with Center Hole ½-¾" 100 W. bulb in dark room; 10 to 20 feet.	Patient holds card, both H Instruct to rest against pubi slowly raise card perpend to light.
2.	SIMULTANEOUS MACULAR PERCEPTION	Keystone Overhead Slide; 12 34 46 73 DIV. (also color)	Patient asked to view flashe its; slide graduated top t tom more divergent. Speed 1 to 1/100th.
3.	SUPERIMPOSITION	Small — single side mirror — prefer with handle; small light.	Mirror held by pattient; re forehead to bisect eyes; angl ror to fixate an object on
4.	DIPLOPIA TEST	2-10 dioptre prisms Retinoscope light. Red-Green glass goggle	With goggles on, put v prism over one eye by han ate distance when interpose
5.	DIPLOPIA TEST WITH LANGE OR KEYSTONE	2-10 prisms Red-Green slide on Lange or Keystone.	Vertical prism over one eye slide in so that red is in fr right eye.
6.	TANGENT CROSS	Tangent cross Red & Green goggles Long stick--2M. Prism.	Patient fixates lite at 2M Red-Green goggles. Produce
7.	PATTERNS OF VISION (Retinal Rivalry)	Keystone or other projector. Red-Green goggles 10 dioptre prism. Vecto-Illum. screen	Project white square or circ illuminate Vecto. @ 20 ft. prism vertical and rotate line veritcally.
8.	BROCK RINGS	Keystone; No. 1 & 2 over No. 20 (Rabbit and Rings)	Fixate rabbit; turn stereo t ate disparity.
9.	AFTER IMAGE TEST	Neon tube-artefact at center; flash; movable 90°	Patient facing screen in room; tube flashes in 180, in 90 Meridian.
10.	HOLE IN HAND TEST	¾" tube 10"-12" long; light.	Fixate on light through hold opposite hand alongsi line with other eye.

PROJECTION

E I

OBSERVATION	SINGLE BINOC. VISION	N. R. C.	ANOMOLOUS
As patient raises card light through spot will progress up the body to final ocular fixation. OBSERVE: Spot should follow the midline.	Spot will follow midline of body steadily until short final movement to left or right for fixation by dominant eye.	As in SBV with some variation and /or to fix with non-squint eye.	Up side of dominant eye only.
REPORT	Cannot "get" both digit groups simultaneously at speeds in excess of 1/10th. Usually 1/5 to 1/10th second flash.	Fails 1/10th to 1/100th.	Can go to 1/100th baring scotoma or amblyopia.
Patient is instructed to angle mirror so that some object is placed upon the light.	Can superimpose light on object.	Same as S.B.V.	Cannot superimpose. May resent.
REPORT Interpose lateral prism over other eye.	Normal Physiological Diplopia (with phoria). Lateral prism moves images.	Convergent; uncrossed. Divergent; crossed.	Left to L. Right to R. For both Conv. & Divergent. No movement.
REPORT	Same as above	Same as above	Same as above
Have patient place stick on red light, then green light: Double the distance apart equal angle in degrees. Place 10 BI & BO before eyes	Normal Physiological diplopia. Lights move with prism.	Subjective angle equal objective angle. Light moves with prism.	Subj. angle does not equal obj. angle. Prism does not move lights.
Patient varies prism until red is directly over (not touching) green. Approaches till ⅓-½ blends, then reports.	At 20', little rotation necessary to align. At first overlap (⅓) red top, green bottom. Inter-rivalry finally, then good Ret. Rivalry.	Difficult to align. May be monocular. Develop rivalry.	No Riv. at any time. Pattern will vary with distance.
REPORT	1. Dapple color or RR. 2. Float in space. 3. Forward & Smaller. 4. Away and larger. 5. Circular in shape.	Dapple may float usually L & R— circular.	Half red & half green. Smaller but ovoid - no float - LorR. Progr. o-void.
After adaptation and flash fixate well or screen and report.	Can be varried for distance. Wait for repeat 3 a day. Perfect cross, conditioned by phoria.	Definite test for N.R.C.	Separate. R to R. L to L. May vary with dist. Mixed rep.
Can also be performed with one tube smaller second large with red filter, and fixation on screen. REPORT	Hole in hand, or if on screen, hole in red spot.	Hole will vary with angle of squint.	Hole completely alongside hand or red spot.

(Continued on Page 10)

Beta Sigma Kappa

CENTRAL WORLD COUNCIL

CHARTERED AS AN INTERNATIONAL HONORARY FRATERNITY

September 19, 1949

To the Editor of
The Florida Optometrist

Dear Sir:

As one who has fought for the professionalizing of optometric practice these many years, I feel I must write you commending the President's message printed in the September-October issue of the Florida Optometrist.

Our Association is indeed fortunate in having as its President such a clear thinking man as Dr. Schumacher. He will find the stand he has taken will not make him overly popular with those who cannot see beyond their own immediate profit and would continue in the practice of "shoptometry." I can tell him from personal experience that this will be the case, but if he, like myself, puts small value on personal popularity if it must be purchased at the expense of the ultimate good of Optometry, he will keep up the good fight.

I wonder how these shoptometrists can feel that their manner of practice is really right. Do they know as little about profession ethics as their conduct would seem to indicate? Those of us who have been on the firing line as officers of optometric associations continue to push a professionalization program for the reason that sad experience has taught us that if we ever expect Optometry to be accepted as a learned profession by other professional associations, we must conform to the rules of other recognized professions. We cannot be a law unto ourselves.

There is not a shadow of a doubt that many, if not most of our difficulties, past and present, are of our own making—self-inflicted wounds, as it were. The lack of acceptance of Optometry by many public officials and governmental departments is due to the squalid picture presented by some of our own men for all the world to see. Far too often the officers of optometric associations are called upon to apologize for and attempt to explain away the comcial appearance of some association members who should know better.

When I was President of the Illinois Optometric Association, and later while President of the American Optometric Association, I found time and time again that such unprofessional commercial optometrists were used against us by those who were only too glad to be able to discredit our claim for professional recognition.

If any optometrist thinks it necessary to tear down others in order to build up himself, he proves himself to be anti-social, and certainly proves that he does not belong in the practice of Optometry. Thank Heaven these problem children grow fewer year by year, and we have no doubt that in the not too distant future Optometry will have grown up to an adult manhood.

As you may know, I am licensed in Florida, and even though I am not practicing there I am a member of the Florida Optometric Association, as I want to help support the fine work being done there by the Association. Attorneys tell me that Florida has the best optometry law in the country, and our Association officers, past and present, can be thanked for that. Apparently it has been easier to "sell" Optometry as a profession to the state legislators than to some optometrists.

We need more leaders like Dr. Schumacher to keep the light of professionalism burning. A long life and good health to him!

Very truly yours,
Harry E. Pine, O. D.
President, Beta Sigma Kappa
Central World Council

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ANOMOLOUS PROJECTION

(Continued from page seven)

which can be applied without a great deal of equipment.

TABLE II

Tests for Normal Ret. Corres.

A. BINOCULAR LUSTRE: May be accomplished with any 2-color slide on any stereoscope. Superimposition of two colors one upon the other in a gross form.

B. RETINAL RIVALRY: May be accomplished with any stereoscope and slide; projection with red-green to test ability to superimpose two gross unlike objects. Does not require foveal vision but must be so applied as to stimulate two corresponding areas. Even in amblyopia or scotoma peripheral fusion can be obtained.

C. STEREOPSIS: Tests are devised to extend any peripheral fusion ability through the perimacular to the macular. Basic purpose is to seek *binocular clues.* Can be performed inexpensively with such as stick and straw; straw is held in hand of operator, stick in hand of patient—place at varying distances and different quadrants. Patient brings stick into straw at right angles. Cannot be performed *with one eye.*

Tests for Anomolous Fixators

A. BOX KICK: Place small cardboard box on floor and suggest that patient kick at it.
   1. With both eyes patient, if anomolous, will hesitate and correct direction.
   2. With bad eye occluded, anomolous patient will perform quite accurately.
   3. Occlude good eye—will miss constantly.

B. BUTTON RETRIEVING: Drop handful of white or colored shirt buttons on confined space (table). Give patient tooth pick and ask him to retrieve by placing pick in eye of buttons, returning them to the box. As in the BOX KICK the anomolous fixator will hesitate and correct each time they reach for a button as this cannot be performed accurately with *one eye* (STRAW AND STICK).

C. OPHTHALMOSCOPIC OBJECTIVE: Fixate disc with keg, then request patient to look at light; three responses:
   a. Direct foveal without waver (N.B.V.).
   b. Eccentric movement then fixation ("false macula") also Anom. Fixations.
   c. Nystagmoidal motion — all directions (Anomolous Fixation).

We suggest that our readers try some of these testing procedures in their regular clinical work. In the third article of this series, we will try and give you some specific treatment suggestions to meet the problems arising with Anopros.

(To Be Continued)

PRESIDENT'S MESSAGE

(Continued from Page 2)

great many do not. There must be a reason for this change. I am going to enumerate some.

1. We have reached a point where our fees are comparable to their fee. The economic factor is fast being wiped out.

2. More and more M.D.'s are practicing optometry, without being circumscribed by, you cannot do this or that.

3. Our whole system of government places them in first place.

4. Too many insist on pretending to be professional men, and then advertise to the whole world that Optometry is a business by their large neon signs, "Optometrist."

5. Too many insist on running stores and continue to sell "specs" instead of the only thing we have left, "Service."

6. Too many men push us into an auxiliary status, unknowingly, knowingly, willingly or unlawfully, as our friends have just done in Georgia.

It has been stated that every problem has an answer, ours is no exception. Let us look at some of the possible answers.

1. Smaller and better classes in our colleges. This has already been anticipated in our universi-

(Continued on Next Page)

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EDITORIAL PAGE

THE TIME has come for the Florida Optometric Association Committee on Education to sponsor more frequent educational forums. At the present time the committee directs the Midwinter Congress and plays only a small part in the annual convention educational sessions.

The Florida Optometrist has heard the demands of Optometry for information on recent developments in the profession. More Optometrists are turning to Visual Training and are demanding knowledge on instrumentation.

The coming educational forum being sponsored by the West Coast group and the following Midwinter Congress can be the stepping stones to quarterly educational sessions.

The Florida Optometrist agrees with many of the Optometrists in their thoughts that the State Convention should include only business and social activities and that educational material should be presented at regularly scheduled intervals.

WE WONDER whether all the pounding, from within and without Optometry, about professionalism and ethics is making any dent in the armor of the pseudo-professional Optometrist. In the past number of months our desk has become flooded with literature from all sources regarding professionalism in Optometry. And yet, we wonder whether further explanation is not necessary for the benefit of some.

What is professional Optometry? Is it the method of keeping your books for yearly income tax returns, or is it a flat fee system, or is it the elimination of display windows, or is it a method of talking to a patient? We wonder whether all Optometrists really know what professional Optometry is?

We have had occasion to be present when one of our outstanding educators and Optometrists was visiting several (professional) offices in the Miami area. His "snears" were not to be taken lightly.

And yet, we have had the occasion to be called by an Optometrist who maintains a display window, with a waiting room (?) of tremendous size and an examination room that had the dimensions of a wash room, tell us that he has always maintained a professional and ethical practice. Certainly as a member of the State and National Association he has received sufficient information to correct his misunderstanding.

From all appearances we would think that there was a break between the young and the old in Optometry but investigation and traveling about the state has shown definite changes in the methods, procedure and thoughts of the older practitioners.

From all appearances—professional Optometry must continue talking, writing and pounding the true aspects of professionalism.

Sale Tax

We call to your attention an excerpt from the recently adopted sales tax law, Senate Bill No. 17-X (49) last paragraph, section 8—page 19, Florida:

"The following items shall be exempt from the operation of this law: artificial eyes, limbs, crutches, eye glasses, dentures, hearing devices, prosthetic and orthopedic appliances."

PRESIDENT'S MESSAGE

(Continued from Page 11)

ties. Ohio State is not going to build a new building, only a wing.

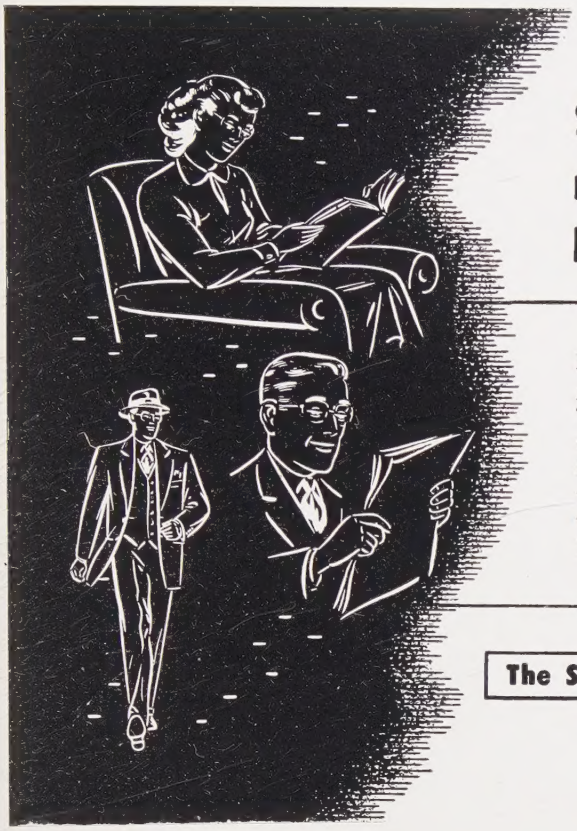
2. More careful screening of new men. This will help a great deal for the majority of men will be better suited to carry on properly.

3. More education — looks and sounds good. But, if we are going to raise our educational standards beyond five years it must be along the Psychological Optics lane and not medical. A boy might just as well go all the way and be an M.D. and have no strings tied to his future, unless we keep clearly within the definition of Optometry.

4. The men before you carved out a new profession. A profession which has merited its growth in spite of the blood suckers that hung to her skirts. You men of Optometry today can easily lose all that has been gained, unless you support your National Association.

This problem is too large for any one man to solve, but let me here state, by joining your State and National Association, you can put your shoulder to the wheel and help yourself and all others concerned, come to some solution.

Some form of Socialized Medicine is coming just as sure as tomorrow is another day. The future of Optometry does not look too bright. There is only one way to safeguard that future and that is by organization. Organization has brought it about and organization is our best weapon to fight it. —Dr. S. B. Schumcher.



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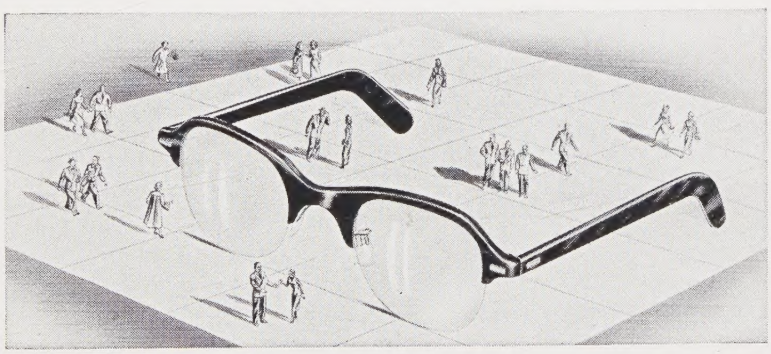

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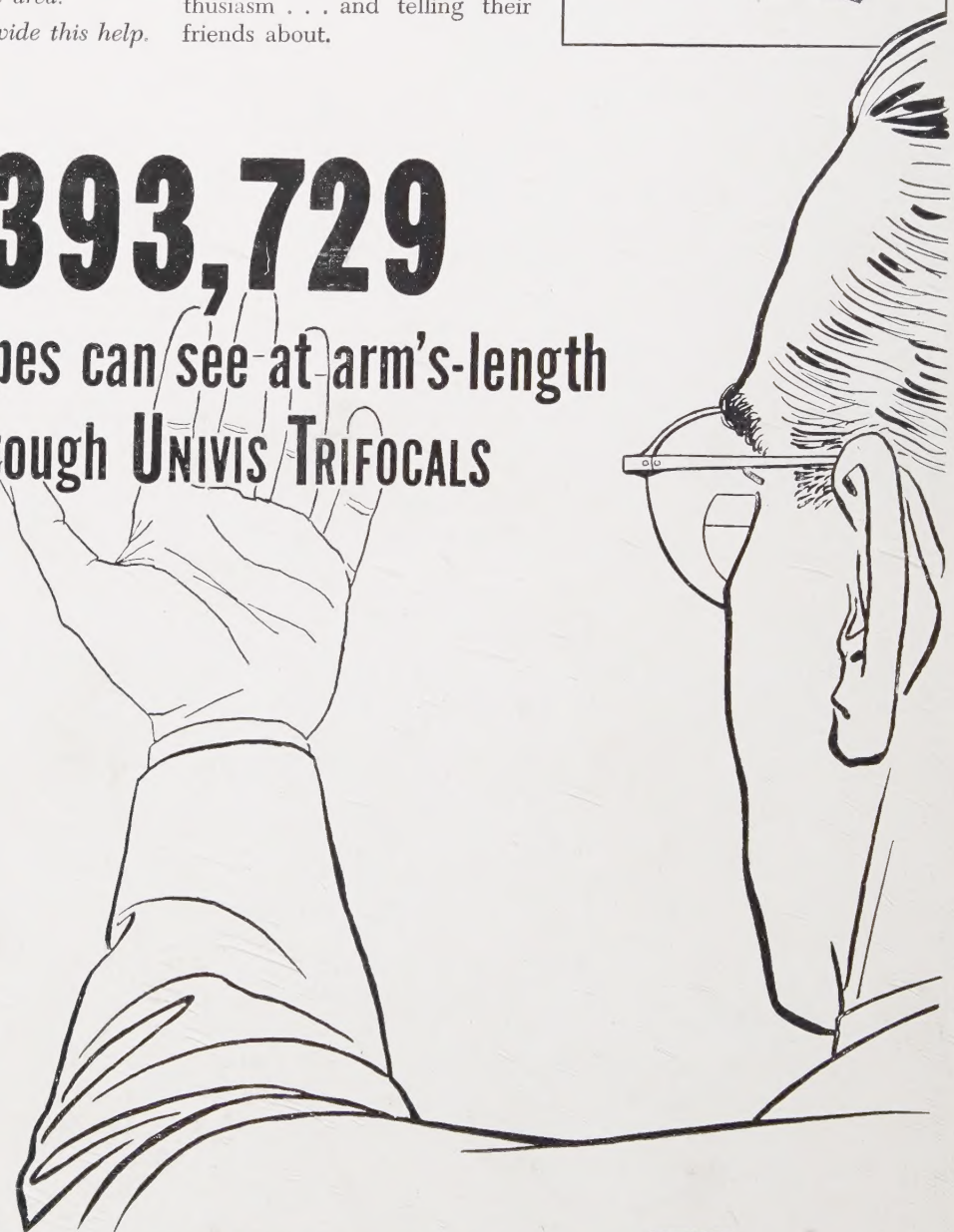

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